

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025840

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

318
FILED JUL 5 1963

1003

6722

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN
St. Louis

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Homer G. Phillips

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS
5091 Page

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First
Henry

Middle

Last
Ersery

4. DATE
OF
DEATH

Month

Day
24

Year
63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-9-99

9. AGE (last birthday)

64 YRS

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

WEST POINT, MISS

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

EDMOND ERSERY

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Fred GERDINE 1525 E 11105T

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma of Left Lung

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-8-63 to 6-24-63 and last saw him alive on 6-24-63
Death occurred at 5:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print name of doctor or other qualified person)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

6-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

6-9-63

23c. NAME OF CEMETERY OR CREMATORY

GREENWOOD CEM

23d. LOCATION (City, town, or county)

ST. LOUIS city MO

24. FUNERAL DIRECTOR

ADDRESS

A.F. WALTON 2707 STODDARD

25. DATE RECD. BY LOCAL REG.

JUN 27 1963

26. REGISTRAR'S SIGNATURE

Loat Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.